

**Return on Investment Program Funding Application (FY 2003 Request)**

This is an electronic template. Please enter your responses on this document. Only electronic submittals of this template will be accepted. Proposals submitted after the designated due date may not receive funding consideration.

FINAL AUDIT REQUIRED: The Enterprise Quality Assurance Office of the Information Technology Department is required to perform a final project outcome audit, after implementation, for all Pooled Technology funded projects.

SECTION I: PROPOSALDate: July 16, 2001Agency Name: Iowa Commission of Veterans AffairsProject Name: Single Electronic Resident/Patient RecordExpenditure Name: Pooled Technology FundAgency Manager: Susan Donaldson, Information Technology AdministratorAgency Manager Phone Number / E-mail: (641) 753-4477 sdonald@dhs.state.ia.usExecutive Sponsor (Agency Director or Designee): Greg Wright, Business Manager**Request For ROI Application Waiver:**

Agencies are required to complete this funding application when requesting funds for any project, any IT expenditure costing over \$100,000, or any non-routine IT expenditure. If you feel there is compelling reason to waive this requirement, please provide (in the box provided below) a brief description of the project or expenditure, the budget amount, and a rationale for the waiver request. Until a decision is made regarding your waiver request, it is not necessary to complete any other portion of this application. The ITD Enterprise Quality Assurance Office will convey waiver request decisions within five working days of receipt.

Explanation:**A. Project or Expenditure Rationale**

Is this project or expenditure necessary for compliance with a Federal standard, initiative, or statute? ☒ **YES** (If "YES," explain) ☐ **NO**

Explanation: This electronic record would contain the information mandated to be sent to the Iowa Foundation for Medical Care (IFMC) which is a repository for information required by the Centers for Medicare and Medicaid Services (CMS, formerly Health Care Financing Administration, HCFA). Information contained in this record is also required for transmission to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Information from this record is also used to comply with regulations of the Occupational Safety and Health Administration (OSHA).

Is this project or expenditure required by State statute? ☒ **YES** (If "YES," explain) ☐ **NO**

Explanation: State statute requires that we comply with the federal regulations and sets up the repository at the Iowa Foundation for Medical Care (IFMC). Information contained in this record is also required by the Iowa Department of Inspections and Appeals (DIA).

Does this project or expenditure meet a health, safety or security requirement?

☒ **YES** (If "YES," explain) ☐ **NO**

Explanation: It has been established in several studies that patient lives can be saved when caregivers use a single electronic record for patient charts and records. Information from this record is also used to comply with regulations of the Occupational Safety and Health Administration (OSHA).

Is this project or expenditure necessary for compliance with an enterprise technology standard?

☒ **YES** (If "YES," explain) ☐ **NO**

Explanation: This project is part of the governor's 100% E initiative.

Is this project or expenditure consistent with meeting the goals and objectives of the State's strategic plans?

☒ **YES** (If "YES," explain) ☐ **NO**

Explanation: The first goal under the heading of health on the Vilsack/Pederson Leadership Agenda is to, "Ensure that all Iowans, particularly those with special needs, have access to quality health care services." This project will contribute to that goal by contributing to the assurance that the residents of the Iowa Veterans Home, all of whom have been determined to have special needs, receive better quality health care through a more efficient recordkeeping system. Caregivers will have access to better quality information in a timely manner at the point of decision making.

Is this a "research and development" project or expenditure? ☐ **YES** (If "YES," explain) ☒ **NO**

Explanation:

B. Project or Expenditure Summary

1. Provide a pre-project or pre-expenditure (before implementation) and a post-project or post-expenditure (after implementation) description of the impacted system or process. In particular, note if the project or expenditure makes use of information technology in reengineering traditional government processes.

Response:

Pre-project/Pre-expenditure description

Currently, patient records are done in many systems, using a wide range of techniques, from pen and paper to electronic records. In many cases, information is entered into a computer system, massaged, put into report format, and printed. Information from this printed report is then entered into a form from which it is entered into another system where it is massaged, and another report or reports printed. This procedure is repeated many times resulting in errors in the data entry, costs in processing time, inefficiencies of time and costs for forms and for equipment use, such as printers, personal computers, mainframe computers, and other peripheral devices.

Post-project/Post-expenditure description

Resident/Patient data will be entered one time into one electronic record. This record will be the single, official record for admission/discharge, banking, billing, medical charting, and all other data used for documentation of each resident/patient. Designated employees will have access only to that portion of the record for which they have a need for access. Appropriate portable technology will be provided to clinicians to provide information for accurate decision making and to allow for point of care access to tools for viewing and creating an accurate resident/patient record.

2. Summarize the extent to which the project or expenditure improves customer service to Iowa citizens or within State government. Included would be such items as improving the quality of life, reducing the government hassle factor, providing enhanced services, improving work processes, etc.

Response: The project will affect the residents/patients of the Iowa Veterans Home directly by ensuring increased accuracy and efficiency in tracking their business and their care. Increased accuracy will have many beneficial effects and may ultimately improve the quality of life and actually save lives.

3. Identify the main project or expenditure stakeholders and summarize the extent to which each, especially citizens, is impacted. In particular, note if the project or expenditure helps reconnect Iowans to State government.

Response: The main stakeholders in this project are the resident/patients of Iowa Veterans Home as discussed in the item above and the staff of the Iowa Veterans Home, for whom the hassle factor will be greatly reduced. Additional stakeholders include the following:

Iowa Commission of Veterans Affairs (7)
Iowa Veterans Home clinical staff (750)
Iowa Veterans Home business staff (150)
Iowa Veterans Home Medicaid program staff (2)
Iowa Veterans Home Residents /Patients (740)
Iowa Veterans Home Resident Families and Friends
Iowa Department of Human Services
Iowa Department of Human Services Medicaid program staff
Iowa Department of Human Services Medicaid program managers
Iowa Department of Inspections and Appeals
Iowa Department of Information Technology
Iowa Department of Human Rights, Division of Persons with Disabilities
Iowa Foundation for Medical Care (IFMC)
Centers for Medicare and Medicaid Services (CMS, formerly Health Care Financing Administration, HCFA)
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Occupational Safety and Health Administration (OSHA)
United States Department of Veterans Affairs, Washington, D.C., Knoxville, Iowa City and Des Moines
Bull Information Systems
Pomeroy Computer Resources
Lanier Worldwide, Inc.
SoftMed Systems, Inc.
Microsoft
ASAP Software
Century Systems
Cisco Systems'
Compaq Computer Corporation
Creative Solutions Unlimited, Inc.
WahlTek Information Systems for Healthcare and Business
Computrition, Inc.
QuadraMed
QA1 Data Systems
AutoMed
American Association of Homes and Services for the Aging (AAHSA)
Association for Protection of the Elderly (APE)
Long Term Care Social Workers of Iowa (LTCSWI)

SECTION II: PROJECT ADMINISTRATION

A. Agency Information

1. Project Executive Sponsor Responsibilities: The sponsor must have the authority to ensure that adequate resources are available for the entire project, that there is commitment and support for the project, and that the organization will achieve successful project implementation.

Response: No response required.

2. Organization Skills:

- a. List the project management skills necessary for successful project implementation
- b. List the project management skills available within the agency
- c. List the source(s) of project management skills lacking within the agency
- d. Summarize relevant agency project management experience and results

Response:

a. Information Gathering Skills, Business Process Development Skills, Task Identification Skills, Communication Management Skills, Planning Skills, Situational Analysis Skills, Staff Management Skills, Priority Determination Skills, Reporting Skills, Budget Planning and Conformance Skills, Performance Measurement Skills, Project Control Skills, Capacity Planning Skills, Business Systems Analysis Skills, Information Technology Services Assessment Skills, Project Management Skills.

b. Information Gathering Skills, Task Identification Skills, Communication Management Skills, Planning Skills, Staff Management Skills, Priority Determination Skills, Reporting Skills, Budget Planning and Conformance Skills, Performance Measurement Skills, Project Control Skills, Capacity Planning Skills, Information Technology Services Assessment Skills, Project Management Skills.

c. Business Process Development Skills, Situational Analysis Skills

d. Design/Configuration/Acquisition/Implementation of Network Domain -- in progress, implementation stage

Design/Bid/Construction of Dietary Project -- in progress, construction stage

Implementation of Medical Record System -- complete, satisfactory

Configuration/Comparison/Implementation of Transcription system -- complete, satisfactory

Agency Strategic Plan and Annual Report Process -- ongoing

B. Project Information

1. History:

- a. Is this project the first part of a future, larger project? If so, please explain.
- b. Is this project a continuation of a previously begun project? If so, please explain project history, current status, and results.

Response:

a. Yes, this project will be ongoing for three years for implementation. During fiscal 2002, a business plan for accomplishment of this project will be completed providing timelines, incorporating efficiencies of staff time and processes, and determining appropriate technology and project budget for a single electronic resident/patient record.

b. No, but it is a combination of many other projects in planning stages and in discussion. Portions of this project, currently done in COBOL systems are constantly massaged and maintained to create output consistent with users needs and wants. Because the system is now in so many pieces, upgrading of a single part of any system results in additional maintenance and manipulation to the other parts in order to meet reporting needs. At any given time, several portions of the several existing systems are in stages of revision.

2. **Expectations:** Describe the primary purpose or reason for the project.

Response: In an effort to use technology efficiently, provide service to our customer and work efficiently on our mission, we continually attempt to update and reconfigure the electronic processes used to keep track of information regarding our residents/patients. This information exists in many separate systems, including some on paper, which would be more efficient if combined and streamlined. An analysis of the business systems needs to be done to determine the best way to proceed to implement a more efficient process. The process needs to be expanded to include the medical records for the residents/patients and to provide the best and most effective use of current technology to those prescribing treatment and contributing to the resident/patient record.

3. **Measures:** Describe the criteria that will be used to determine if the project is successful.

Response: Feedback from residents/patients and staff will be discussed and analyzed. Criteria for success will be ease and timeliness of information retrieval, compliance with oversight agency reporting requirements, lower equipment costs resulting from better and more timely maintenance, improved health and safety of residents/patients as well as staff, and more effective and efficient services provided at lower cost.

4. **Environment:** List the project participants (i.e. single agency, multiple agencies, State government enterprise, citizens, associations, or businesses, etc.).

Response: Single agency -- Iowa Veterans Home

5. Risk: Describe the project risks which may be internal or external to State government, i.e. implementing versus not implementing project, changing technology, potential cost overruns, changing citizen demand or need, etc.

Response: Nonexistent tools needed by the medical community to perform tasks required for this project; lack of support from the vendor community in determining appropriate tools for implementation; lack of proper wireless environment within the state for performance of tools selected; and changing demands of oversight agencies and state and federal regulating authorities affecting processes involved in the project. Every effort will be made when putting together the business plan for this project to take these risks into consideration and to alleviate any problems encountered as a result of these risks.

Risks of not implementing this project include not developing a more effective and more efficient system which will provide better quality of life and longer life span for residents/patients and staff at the Iowa Veterans Home.

6. Security / Data Integrity / Data Accuracy / Information Privacy
- List the security requirements of the project
 - Describe how the security requirements will be integrated into the project and tested
 - Describe what measures will be taken to insure data integrity, data accuracy and information privacy.

Response:

a. Password security, Document disposal security, Network security, Physical security, Access control, Information security awareness, Medical record security.

b. Integration and testing of security requirements will be described in detail in the business process plan which will be developed during fiscal 2002.

c. Data integrity, data accuracy and information privacy are specifically goals of this project. They will be taken into consideration during development of the business process plan. Measures taken involve finalizing the process of implementing our own network domain so that we have security control over the records. Such things as redundancy and reliability of the computer hardware, reliability and dependability of computer software, and training and management of staff on the associated privacy requirements of this project are an integral part of the project and, as such, will be an essential part of the business process plan.

7. Project Schedule
Describe general time lines, resources, tasks, checkpoints, deliverables, responsible parties, etc.

Response: The project schedule will be determined as part of the development of the business process plan to be completed during fiscal 2002 and implemented in fiscal years 2003-2005. Due to lack of sufficient business detail and lack of identified funding for the project, it is not possible to construct a detailed timeline at this time.

SECTION III: TECHNOLOGY (In written detail, describe the following)

A. Current Technology Environment

1. Software (Client Side / Server Side / Midrange / Mainframe):

- a. Application software
- b. Operating system software
- c. Major interfaces to other systems, both internal and external

Response:

Client side network software.

- a. Microsoft Office, COBOL, INFO
- b. Microsoft Windows NT
- c. We are currently part of the network of the Department of Human Services. Interfaces to other systems include the federal Veterans Affairs medical record, the state mainframe system, and, internally, our Pharmacy system, medical records system, medical information system, and time clock system.

2. Hardware (Client Side / Server Side / Mid-range / Mainframe):

- a. Platform, operating system
- b. Storage and physical environment
- c. Connectivity and bandwidth
- d. Logical and physical connectivity
- e. Major interfaces to other systems, both internal and external

Response:

- a. Bull DPX20 Mini-computer running UNIX
NCR S26XLPII servers running Microsoft Windows NT Server
Workstations running Windows 98 and Windows NT Client
Wild Rose
Compaq Deskpro DPENS P400
Compaq Deskpro DPEP P550

b. Connection to the Department of Human Services personal computer network provides storage capacity and servers for our networking. We also have access to the state mainframe.

- c. Fiber Optic cable connecting 7 main buildings on campus
Fiber Optic risers to upper floors of 2 buildings with 4 floors
Category 5 cable from switches to desktops
Switches

Cisco 6509 -- main switch
Cisco 2900 series and 3500 series switches

d. We are connected to the statewide network through the ICN on T1 lines.

- e. Router
Baystack Access Node Communications Server model # AE1001007.

B. Proposed Technology Environment

1. Software (Client Side / Server side / Mid-range / Mainframe)

- a. Application software
- b. Operating system software
- c. Major interfaces to other systems, both internal and external
- d. General parameters if specific parameters are unknown or to be determined

Response:

All software developed as part of this project will be client side network software.

- a. The application software will be Access, SQL, COBOL and possibly Visual Basic software.
- b. The operating system software will be Microsoft Windows 2000 on the agency network.
- c. Interfaces to other systems will include the federal Veterans Affairs medical record, and, internally, our existing Pharmacy system and our existing medical records system.
- d. Because the business plan for this project is yet to be completed, parameters for this project are unknown at this time.

2. Hardware (Client Side / Server Side / Mid-range / Mainframe)

- a. Platform, operating system
- b. Storage and physical environment
- c. Connectivity and Bandwidth
- d. Logical and physical connectivity
- e. Major interfaces to other systems, both internal and external
- f. General parameters if specific parameters are unknown or to be determined

Response:

- a. Bull DPX20 Mini-computer running UNIX
Compaq Proliant servers running Windows 2000 Server
NCR S26XLPII servers running Microsoft Windows NT Server
Workstations running Windows NT Client and Windows 2000 Client
 Compaq Deskpro DPENS P400
 Compaq Deskpro DPEP P550
 Compaq Deskpro EN CMT PIII/1GHGZ with 256 MB Memory
- b. We have a Compaq server rack with 7 servers including a File & Print Server with 68 GB Memory. We also have access to the state mainframe.
- c. Fiber Optic cable connecting 7 main buildings on campus
Fiber Optic risers to upper floors of 2 buildings with 4 floors
Category 5 cable from switches to desktops
Switches
 Cisco 6509 -- main switch
 Cisco 2900 series and 3500 series switches
- d. We are connected to the statewide network through the ICN on T1 lines.
- e. Router
 Baystack Access Node Communications Server model # AE1001007. Compaq Proliant Servers
- f. Because the business plan for this project is yet to be completed, parameters for this project are unknown at this time.

C. Data Elements

If the project creates a new database, provide a description of the data elements.

Response: The data elements for the database created by this project will be determined through the business process plan to be completed during fiscal 2002. These data elements will include those data elements currently found in both the resident/patient medical record and the resident/patient business records.

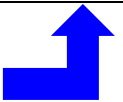
SECTION IV: Financial Analysis

A. Budget: Enter figures and calculate (see formula below) Total Annual Prorated Cost (State Share).

$$\left[\left(\frac{\text{Budget Amount}}{\text{Useful Life}} \right) \times \% \text{ State Share} \right] + (\text{Annual Ongoing Cost} \times \% \text{ State Share}) = \text{Annual Prorated Cost}$$

| Budget Line Items | Budget Amount (1 st Year Cost) | Useful Life (Years) | % State Share | Annual Ongoing Cost (After 1 st Year) | % State Share | Annual Prorated Cost |
|-----------------------|--|------------------------|---------------|---|---------------|----------------------|
| Agency Staff | \$90000 | 1 | 100% | \$70000 | 0% | \$160000 |
| Software | \$100000 | 4 | 100% | \$10000 | 100% | \$35000 |
| Hardware | \$55000 | 3 | 100% | \$10000 | 100% | \$28333 |
| Training | \$30000 | 4 | 100% | \$15000 | 100% | \$22500 |
| Facilities | \$0 | 1 | 0% | \$0 | 0% | \$0 |
| Professional Services | \$60000 | 4 | 100% | \$60000 | 100% | \$75000 |
| ITD Services | \$15000 | 4 | 100% | \$5000 | 100% | \$8750 |
| Supplies, Maint, etc. | \$0 | 1 | 0% | \$0 | 0% | \$0 |
| Other (Specify) | \$0 | 1 | 0% | \$0 | 0% | \$0 |
| Totals | \$350000 | ----- | ----- | \$170000 | ----- | \$329583 |

Transfer this amount to the ROI Financial Worksheet, item "D" on page 14.



B. Funding: Enter data or provide response as requested

1. This is (pick one): ☒ A Pooled Technology Fund or Reengineering Fund Request
☐ An Agency IT Expenditure or Budget Request (General Fund, Road Funds, etc)
☐ Other – Specify:

2. On a fiscal year basis, enter the estimated cost by funding source?

| | FY03 | | FY04 | | FY05 | |
|---------------------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| | Cost (\$) | % Total Cost | Cost (\$) | % Total Cost | Cost (\$) | % Total Cost |
| State General Fund | \$90000 | 26% | \$70000 | 41% | \$70000 | 41% |
| Pooled Tech. Fund | \$260000 | 74% | \$100000 | 59% | \$100000 | 59% |
| Federal Funds | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| Local Gov. Funds | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| Grant or Private Funds | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| Other Funds (Specify) | \$0 | 0% | \$0 | 0% | \$0 | 0% |
| Total Project Cost | \$350000 | 100% | \$170000 | 100% | \$170000 | 100% |

If applicable, summarize prior fiscal year funding experience for the project / expenditure.

Response: no prior funding for this project

1. On a fiscal year basis, how much of the total (\$ amount and %) project / expenditure cost would be absorbed by your agency from normal operating budgets (all funding sources)?

Response: This project will take 3 years for completion. After completion of the project, all costs (100%) will be absorbed by this agency from normal operating budgets. During the implementation process, the following costs will be absorbed by our agency:

FY03 (first year of implementation) -- \$90,000 (26%) absorbed by our agency for reallocation of existing staff to implement project
FY04 & FY05 (second & third years) -- \$70,000 (41%) -- reallocation of existing staff to implement project

2. Identify, list, and quantify all new annual ongoing (maintenance, staffing, etc.) related costs (State \$s) that will be incurred after implementation or expenditure.

Response:

At the completion of the project, the following ongoing costs will be incurred:

| | |
|--------------------------------------|-----------------|
| hardware replacement and maintenance | \$28,500 |
| software maintenance | 10,000 |
| training | 5,000 |
| TOTAL | \$43,500 |

C. ROI Financial Worksheet: Respond to the following and transfer data to the ROI Financial Worksheet (see IVC11) as necessary:

1. Annual Pre-Project Cost – Quantify all actual state government direct and indirect costs (personnel, support, equipment, etc.) associated with the activity, system or process prior to project implementation. This section should be completed only if state government operations costs are expected to be reduced as a result of project implementation.

Response:**Equipment**

Printers (maintenance and replacement on fast printers per year) = \$40,000

Workstations (1/2 the cost of workstations for the agency per year) = \$190,000

TOTAL = \$230,000

2. Annual Post-Project Cost – Quantify all estimated State government direct and indirect costs associated with activity, system or process after project implementation. This section should be completed only if State government operations costs are expected to be reduced as a result of project implementation.

Response:**Equipment**

Workstations (1/2 the cost of workstations for the agency per year) = \$190,000

Handhelds (60) (maintenance and replacement of 1/3 per year) = \$10,000

TOTAL = \$200,000

3. State Government Benefit -- Subtract the total “Annual Post-Project Cost” from the total “Annual Pre-Project Cost.” This section should be completed only if State government operations costs are expected to be reduced as a result of project implementation.

Response: \$30,000

4. Citizen Benefit – Quantify the estimated annual value of the project to Iowa citizens. This includes the “hard cost” value of avoiding expenses (“hidden taxes”) related to conducting business with State government. These expenses may be of a personal or business nature. They could be related to transportation, the time expended on or waiting for the manual processing of governmental paperwork such as licenses or applications, taking time off work, mailing, or other similar expenses. As a “rule of thumb,” use a value of \$10 per hour for citizen time savings and \$.325 per mile for travel cost savings.

Response: No dollar amount is quantifiable. Value to citizens is increased (quality of life for residents/patients of the Iowa Veterans Home).

5. Opportunity Value/Risk or Loss Avoidance Benefit – Quantify the estimated annual non-operations benefit to State government. This could include such items as qualifying for additional matching funds, avoiding the loss of matching funds, avoiding program penalties/sanctions or interest charges, avoiding risks to health/security/safety, avoiding the consequences of not complying with State or federal laws, providing enhanced services, avoiding the consequences of not complying with enterprise technology standards, etc.

Response: In fiscal year 2003, it is estimated \$163,436 will be returned to the State General Fund for Medicaid federal match and \$62,860 in both fiscal years 2004 and 2005. This category could also include avoidance of payment of fines and penalties to oversight agencies, federal and state; avoidance of risks to health posed by inefficient operating procedures; and avoidance of the consequences of not complying with enterprise technology standards. Oversight agencies include the Iowa Department of Inspections and Appeals (DIA), the Health Care financing Administration (HCFA), the Occupational Safety and Health Administration (OSHA), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Possible fines assessed by JCAHO for infractions range up to \$10,000 per day and/or \$10,000 per instance (\$10,000 times 700 residents equals cost avoidance of \$7,000,000). The total opportunity value/risk and loss avoidance benefit equals \$7,163,436.

6. Total Annual Project Benefit -- Add the values of all annual benefit categories.

Response: \$7,193,436 that is quantifiable.

7. Total Annual Project Cost – It is necessary to estimate and assign a useful life figure to each cost identified in the project budget. Useful life is the amount of time that project related equipment, products, or services are utilized before they are updated or replaced. In general, the useful life of hardware is three (3) years and the useful life of software is four (4) years. Depending upon the nature of the expense, the useful life for other project costs will vary between one (1) and four (4) years. On an exception basis, the useful life of individual project elements or the project as a whole may exceed four (4) years. Additionally, the ROI calculation must include all new annual ongoing costs that are project related. Completing Section IV-A, Project Budget of the evaluation document will provide all the necessary information for this item.

Response: \$329,583

8. Benefit / Cost Ratio_– Divide the “Total Annual Project Benefit” by the “Total Annual Project Cost.” If the resulting figure is greater than one (1.00), then the annual project benefits exceed the annual project cost. If the resulting figure is less than one (1.00), then the annual project benefits are less than the annual project cost.

Response: 21.83

9. ROI -- Subtract the “Total Annual Project Cost” from the “Total Annual Project Benefit” and divide by the amount of the requested State IT project funds.

Response: 2639.94%

10. Benefits Not Readily Quantifiable -- List the project benefits which are not readily quantifiable (i.e. IT innovation, unique system application, utilization of new technology, hidden taxes, improving the quality of life, reducing the government hassle factor, meeting a strategic goal, etc.). Rate the importance of these benefits on a “1 – 10” basis, with “10” being of highest importance. Check the “Benefits Not Readily Quantifiable” box in the applicable row.

Response:

It is anticipated that there may be an improvement in the completeness and accuracy of medical records and veteran resident/patient business records. The overall goal of this project is to make the work of the agency more efficient and effective providing a safer, healthier environment for our residents/patients.

- 10 Completeness and accuracy of records
- 10 Improving quality of life for residents/patients
- 10 Improving safety and length of life of residents/patients
- 10 Single source of resident/patient profiles and demographics enabling access to treatment histories, behavior and hazard/risk rates
- 10 Common definition of data terminology
- 10 Relate resident/patient outcomes to program goals
- 10 Prevention of redundant services and benefits
- 10 Provide clinician evaluation analysis relating to resident/patient care and outcomes
- 10 Financial impact analysis
- 10 Meeting a strategic goal of agency and state government
- 10 Reduction of the chances of fines or citations from oversight agencies
- 10 Improved work processes improving the quality and accuracy of services to clients increasing customer satisfaction and avoiding future federal error rate sanctions
- 10 Ability to electronically track and report data for federal purposes and to monitor the effect of new policies
- 10 Improved work processes for staff
- 10 Utilization of new technology

11. ROI Financial Worksheet

Annual Pre-Project Cost - How You Perform The Function(s) Now

| | |
|--|-----------------|
| FTE Cost (salary plus benefits): | \$ |
| Support Cost (i.e. office supplies, telephone, pagers, travel, etc.): | \$ |
| Other Cost (expense items other than FTEs & support costs, i.e. indirect costs if applicable, etc.): | \$230000 |
| A. Total Annual Pre-Project Cost: | \$230000 |

Annual Post-Project Cost – How You Propose to Perform the Function(s)

| | |
|--|-----------------|
| FTE Cost: | \$ |
| Support Cost (i.e. office supplies, telephone, pagers, travel, etc.): | \$ |
| Other Cost (expense items other than FTEs & support costs, i.e. indirect costs if applicable, etc.): | \$200000 |
| B. Total Annual Post-Project Cost: | \$200000 |
| State Government Benefit (= A-B): | \$30000 |

Annual Benefit Summary

| | |
|--|------------------|
| State Government Benefit: | \$30000 |
| Citizen Benefit: | \$ |
| Opportunity Value or Risk/Loss Avoidance Benefit: | \$7163436 |
| C. Total Annual Project Benefit: | \$7193436 |
| D. Annual Prorated Cost (SECTION IV-A): | \$329583 |
| Benefit / Cost Ratio: (C / D) = | 21.83 |
| Return On Investment (ROI): (C – D / Requested Project Funds) x 100 = | 2639.94% |

☒ **Benefits Not Readily Quantifiable**

Section V: ITC Project Evaluation Criteria

| Criteria and Location in Project Evaluation Document | | Points |
|---|--|---------------|
| 1. | Is the project a statutory requirement; legal requirement; federal or state mandate; health, safety or security requirement or issue; and/or required for compliance with the enterprise technology standards? Location: Section I-A | 15 |
| 2. | Will the project improve customer service? Location: Section I-B.2 | 15 |
| 3. | Does the project have a direct impact on citizens? To what extent does the project help reconnect state government with lowans? Location: Section I-B.3 | 10 |
| 4. | Does the project provide a sufficient tangible and/or intangible return on investment? Will it generate savings or income? Location: Section IV-C | 10 |
| 5. | Does the project make use of information technology and its practical application in reengineering traditional government processes consistent with the goals and objectives of the state's strategic plans? Location: Section I-B.1 | 10 |
| 6. | Risk: What are the risks associated with the project? Such risks may include those internal and external to state government, the risk of doing a project, the risk of not doing a project, and the risks associated with changing technologies, potential cost overruns, and changing citizen demands and needs. Location: Section II-B.5 | 10 |
| 7. | Is this funding required to continue a project that was begun prior to the year funding is being requested for and does it have proven past performance? Is the funding part of a multi-year strategy? Location: Section II-B1, IVB2 | 10 |
| 8. | Will the project be for only one agency, multiple agencies, or the state government enterprise? Location: Section I-B3, IIB4 | 10 |
| 9. | Has the applicant maximized their own and other resources in the project? Is alternative funding unavailable for this project? (If no other funding available, project will not be completed without Pooled Technology funding) Location: Section IV-B.2, IV-B.3 | 5 |
| 10. | What is the credibility of the requester based on past performance on other projects? Location: Section II-A.2.d | 5 |
| Total | | 100 |